



RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2853
Docket No.: 1349.1228

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Jung-hwan KIM

Serial No. 10/613,196

Group Art Unit: 2853

Confirmation No. 4578

Filed: July 7, 2003

Examiner: LIANG, LEONARD S

For: APPARATUS AND METHOD OF ADJUSTING A HEAD GAP IN AN INKJET PRINTER

AMENDMENT AFTER FINAL REJECTION

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Attention: **BOX AF**

Sir:

This is in response to the Office Action mailed September 8, 2005, and having a period for response set to expire on December 8, 2005.

Reconsideration of the claims is respectfully requested. The following amendments and remarks are respectfully submitted.



AF
Ifw

S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL	Attorney Docket No.	1349.1228	
	Application Number	10/613,196	
	Filing Date	July 7, 2003	
	First Named Inventor	Jung-hwan KIM	
	Group Art Unit	2853	
AMOUNT ENCLOSED	0.00	Examiner Name	LIANG, LEONARD S

FEE CALCULATION (fees effective 12/08/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	26	- 28 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 4 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>December 8, 2005</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months					
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 0.00

- (1) If entry (1) is less than entry (2), entry (3) is "0".
(2) If entry (2) is less than 20, change entry (2) to "20".
(4) If entry (4) is less than entry (5), entry (6) is "0".
(5) If entry (5) is less than 3, change entry (5) to "3".

METHOD OF PAYMENT	
<input type="checkbox"/>	Check enclosed as payment.
<input type="checkbox"/>	Charge "TOTAL FEES DUE" to the Deposit Account No. below.
<input checked="" type="checkbox"/>	No payment is enclosed.

GENERAL AUTHORIZATION	
<input checked="" type="checkbox"/>	If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>
<input checked="" type="checkbox"/>	The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP			
Typed Name	Derrick L. Fields	Reg. No.	50,133
Signature	<i>Derrick L. Fields</i>	Date	11-22-05